REMARKS

Claims 1 through 38 are pending in this application.

Claims 1-38 are rejected.

In the following, the Examiner's comments are included in bold, indented type, followed by the Applicant's remarks:

> **1.   The drawings are objected to as failing to comply with 37 CFR 1.84(p)(5) because they include the following reference character(s) not mentioned in the description: Fig. 3, item 332. Corrected drawing sheets, or amendment to the specification to add the reference character(s) in the description, are required in reply to the Office action to avoid abandonment of the application. Any amended replacement drawing sheet should include all of the figures appearing on the immediate prior version of the sheet, even if only one figure is being amended. The replacement sheet(s) should be labeled "Replacement Sheet" in the page header (as per 37 CFR 1.84(c)) so as not to obstruct any portion of the drawing figures. If the changes are not accepted by the examiner, the applicant will be notified and informed of any required corrective action in the next Office action. The objection to the drawings will not be held in abeyance.**

The specification has been amended by adding the reference to item 332. Applicant respectfully requests that this objection be withdrawn.

> **2.   Applicant is reminded of the proper language and format for an abstract of the disclosure.**
>
> **The abstract should be in narrative form and generally limited to a single paragraph on a separate sheet within the range of 50 to 150 words. It is important that the abstract not exceed 150 words in length since the space provided for the abstract on the computer tape used by the printer is limited. The form and legal phraseology often used in patent claims, such as "means" and "said," should be avoided. The abstract should describe the disclosure sufficiently to assist readers in deciding whether there is a need for consulting the full patent text for details.**
>
> **The language should be clear and concise and should not repeat information given in the title. It should avoid using phrases which can be implied, such as, "The disclosure concerns," "The disclosure defined by this invention," "The disclosure describes," etc.**
>
> **The abstract of the disclosure is objected to because of its length exceeding 150 words and legal phraseology, such as "means". Correction is required. See MPEP § 608.01(b).**

The abstract has been amended.

4.   Claims 4-5, 9-11, and 14 are rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention.

5.   Claims 4-5, 9-11, and 14 recite the limitations for which there is no antecedent basis in the claims. In particular, the following passages lack or have vague antecedent basis:

(i) "the drugs":   claim 4, lines 4 & 7;

claim 9, lines 5 & 8;

claim 11, lines 4 & 7;

claim 14, lines 4 & 6-7.

(ii) Claim 5 incorporates the deficiencies of claim 4, through dependency, and is also rejected.

(iii) Claim 10 incorporates the deficiencies of claim 9, through dependency, and is also rejected.

Claims 4, 9, 11 and 14 have been amended to add antecedent basis. Applicant respectfully requests that this rejection be withdrawn.

7.   Claims 1-8, 14-15, 18, 20-21, 24, 27, and 29-37 are rejected under 35 U.S.C. 102(a) as being anticipated by Leet (6,000,828).

(A) Referring to claim 1, Leet discloses a computer system for assisting a physician comprising (col. 16, lines 25-28 of Leet):

computer processor means for processing data (col. 1, lines 5-7 of Leet);

data storage means for storing data on a storage medium (Fig. 1 and col. 5, lines 30-47 of Leet);

first means for processing data regarding a patient, a diagnosis regarding the patient, and a treatment plan for the patient and for using such data to (a) generate alarms if the diagnosis or treatment plan is inappropriate and to (b) provide advice regarding the diagnosis and treatment plan (col. 1, lines 5-11 & 45-49 of Leet; the Examiner interprets "recommended treatments" to be a form of "advice");

second means for processing data regarding the alarms and advice and for using such data to communicate the alarms and advice to the physician (col. 17, lines 15-20 of Leet; the Examiner interprets "alerting" to be a form of "alarms" and "approved treatment" to be a form of "advice");

> third means for processing data regarding the treatment plan and using such data to implement the treatment plan (col. 1, lines 32-37 of Leet); and

> fourth means for processing data regarding the patient, the diagnosis regarding the patient, and the treatment plan, and storing such data on the data storage means (col. 3, lines 26-40 of Leet).

Claim 1 has been amended to add a fifth means for processing data through which the patient may retrieve via the Internet data regarding the patient, the diagnosis regarding the patient, and the treatment plan for the patient from the first means for processing data, which is similar to the requirements of cancelled claims 16 and 17. Leet does not teach or suggest such a capability. Nor does that capability appear in Abreu, the art cited against cancelled claims 16 and 17. In Abreu, the patient is allowed access to General Product Information (GPI) System, [0040] lines 38-39, which has a database in which product information is stored. The GPI System "can send information and warnings about the products for which data is stored in the database, as soon as such information or warnings are received, to all of the users of the products." [0040] lines 22-25. To request information from the GPI database via the Internet, a patient must have a card. The card contains information about the product, not information about the patient. [0235] lines 15-18. Thus, the GPI database contains information about products, not data regarding the patient, the diagnosis regarding the patient, and the treatment plan for the patient.

Accordingly, amended claim 1 is patentable over Leets and Abreu. Withdrawal of this rejection is respectfully requested.

> **(B)** Referring to claim 2, Leet discloses wherein the first means for processing data comprises:

> a suggest diagnosis means for processing data using a subset of the patient data to access a suggested diagnosis database to retrieve a suggested diagnosis (col. 3, lines 26-40 of Leet); and

> a check diagnosis means for processing data for comparing the diagnosis to the suggested diagnosis and for generating an alarm if there is a substantial difference (col. 17, lines 15-20 of Leet).

> **(C)** Referring to claim 3, Leet discloses wherein the first means for processing data comprises:

a find standard diagnostic criteria means for processing data using a subset of the diagnosis to access a standard diagnosis criteria database to produce a standard diagnosis criteria (col. 3, lines 26-40 of Leet).

(D) Referring to claim 4, Leet discloses wherein the treatment plan includes a prescription and the first means for processing data comprises:

a get drug data means for processing data using a subset of the patient data to retrieve from a pharmacy the drugs prescribed for the patient and from the data storage means an identification of other drugs that the patient is taking; and

an interaction checking means for processing data to access a drug interaction database with (a) the drugs prescribed for the patient, (b) the other drugs that the patient is taking, and (c) the prescription, to produce an alarm if there is an indication of an interaction (col. 18, line 49 - col. 19, line 12 of Leet; the Examiner interprets "drug order" to be a form of "prescription" and "message" to be a form of "alarm").

(E) Referring to claim 5, Leet discloses wherein the interaction checking means comprises mitigating means for suggesting methods to mitigate the interaction; and alternative recommendation means for suggesting alternative drugs with no interaction (col. 25, lines 18-61 of Leet).

(F) Referring to claim 6, Leet discloses wherein the first means for processing data comprises:

a get patient data means for processing data for accessing the data storage means to retrieve stored data regarding the patient;

a find treatment means for processing data for accessing a treatment protocol database using a subset of the patient data and a subset of the stored patient data to retrieve a recommended treatment protocol (abstract of Leet).

(G) Referring to claim 7, Leet discloses wherein the first means for processing data comprises:

a get patient data means for processing data for accessing the data storage means to retrieve stored data regarding the patient;

a treatment search means for processing data for accessing a treatment recommendation database using a subset of the patient data and a subset of the stored patient data to retrieve a treatment individualization recommendation (col. 12, line 50 – col. 13, line 1 of Leet).

(H) Referring to claim 8, Leet discloses wherein the diagnosis comprises a prescription and the first means for processing data comprises:

a get lab data means for processing data using a subset of the patient data to acquire laboratory results from a laboratory (col. 11, lines 36-40 of Leet);

a find dosage means for processing data for using the lab results, a subset of the patient data, the prescription and data regarding the patient stored on the data storage means to access a recommended dosage database to produce a recommended dosage for the prescription (col. 18, line 67 - col. 19, line 5 of Leet).

(I) Referring to claim 14, Leet discloses wherein the treatment plan comprises a prescription and the first means for processing data comprises:

a get drug data means for processing data using a subset of the patient data to retrieve from a pharmacy the drugs prescribed for the patient and from the data storage means an identification of other drugs that the patient is taking; and

a drug cost means for processing data to access a drug cost database with (a) the drugs prescribed for the patient, (b) the other drugs that the patient is taking, and (c) the prescription, to produce an alarm if there is an indication that the patient is spending more on drugs than is necessary and to make a recommendation for a lower cost drug (col. 18, line 49 - col. 19, line 12 and col. 32, lines 35-49 of Leet).

(J) Referring to claim 15, Leet discloses wherein the first means for processing data comprises a check risks means for processing data using a subset of the patient data to access a risk data base to produce a risk reduction recommendation for the patient (abstract, lines 1-9 of Leet; the Examiner interprets "rankings" to be a form of "recommendation").

(K) Referring to claim 18, Leet discloses wherein the third means comprises a personal communicator (col. 4, lines 63-66 of Leet; the Examiner interprets "personal computer" to be a form of "personal communicator").

(L) Referring to claim 20, Leet discloses wherein the personal communicator comprises a personal computer (col. 4, lines 63-66 of Leet).

(M) Referring to claim 21, Leet discloses wherein the personal communicator comprises a PC database for storing patient data (col. 17, lines 24-29 of Leet).

(N) Referring to claim 24, Leet discloses wherein the third means communicates with the computer processor means through a communications media (Fig. 1, item 54 of Leet; the Examiner interprets "modem" to be a form of "communications media").

(O) Referring to claim 27, Leet discloses wherein the communications media is a wired communications media (Fig. 1, items 46 & 54 of Leet).

(P) Referring to claim 29, Leet discloses wherein the data stored on the data storage means comprises:

a suggested diagnosis database (col. 8, lines 10-11 of Leet);

a standard diagnostic criteria database (col. 3, lines 26-40 of Leet);
a drug interaction database (col. 18, line 49 - col. 19, line 12 of Leet);

a treatment protocol database (abstract, lines 1-4 of Leet);

a treatment recommendation database (col. 1, lines 9-11 of Leet);

a recommended dosage database (col. 18, line 67 - col. 19, line 5 of Leet);

a drug cost database (col. 32, lines 35-49 of Leet); and

a risk database (abstract, lines 1-9 of Leet).

(Q) Referring to claim 30, Leet discloses wherein the first means has access to one ore more of the following via the Internet (col. 6, lines 5-9 of Leet):

a suggested diagnosis database (col. 8, lines 10-11 of Leet);

a standard diagnostic criteria database (col. 3, lines 26-40 of Leet);

a drug interaction database (col. 18, line 49 - col. 19, line 12 of Leet);

a treatment protocol database (abstract, lines 1-4 of Leet);

a treatment recommendation database (col. 1, lines 9-11 of Leet);

a recommended dosage database (col. 18, line 67 - col. 19, line 5 of Leet);

a drug cost database (col. 32, lines 35-49 of Leet); and

a risk database (abstract, lines 1-9 of Leet).

(R) Referring to claim 31, Leet discloses wherein the third means comprises an ICD determination means for processing a subset of the patient data, a subset of the diagnosis and a subset of the treatment plan to determine an ICD (col. 1, lines 23-28, col. 7, lines 39-46, and Table 1 of Leet).

(S) Referring to claim 32, Leet discloses wherein the treatment plan comprises a prescription and an order, the patient data comprises an ICD, and the third means comprises one or more of the following: a print prescription means for processing data for using the prescription to print a prescription form; an inform pharmacy means for processing data for using the prescription to inform a pharmacy of the prescription; a store data means for processing data to store patient data on a hospital computer; an enter order means for processing data to enter the order in a physician order entry system; a save ICD means for processing data to save the ICD in a business office (col. 18, line 49 - col. 19, line 18 and col. 34, lines 16-18 of Leet).

Claims 1-8, 14-15, 18, 20-21, 24, 27, and 29-32 depend from claim 1 and are patentable for at least the same reasons. Applicant respectfully requests that these rejections be withdrawn.

> (T) Referring to claim 33, Leet discloses a computerized method for providing assistance to a physician who has gathered data from a patient, made a diagnosis, and prepared a treatment plan, the treatment plan comprising one or more of the following:
>
> (a) a prescription, (b) radiology tests, (c) X-rays, and (d) a treatment protocol, the method being accomplished using a personal communicator, a computer processor coupled to the personal communicator through a communications media, a data storage media coupled to the computer processor, and Internet resources coupled to the computer processor, the method comprising (Fig. 1 of Leet):
>
> entering patient data, a diagnosis and a treatment plan into the personal communicator;
>
> selecting, through the personal communicator, one or more of the following actions: implementing the treatment plan;
>
> consulting resources to produce an alarm and a recommendation, displaying the alarm and the recommendation, and allowing the physician to revise the diagnosis and treatment plan based on the alarm and the recommendation (col. 1, lines 5-11, 32-37, and 45-49 and col. 17, lines 15-20 of Leet).

Claim 33 has been amended to add storing the patient data, diagnosis, and treatment plan on the data storage media and allowing the patient to access via the Internet the patient data, diagnosis, and treatment plan on the data storage media, which is similar to the requirements of cancelled claims 16 and 17. Leet does not teach or suggest such a capability. Nor does that capability appear in Abreu, the art cited against cancelled claims 16 and 17. In Abreu, the patient is allowed access to General Product Information (GPI) System, [0040] lines 38-39, which has a database in which product information is stored. The GPI System "can send information and warnings about the products for which data is stored in the database, as soon as such information or warnings are received, to all of the users of the products." [0040] lines 22-25. To request information from the GPI database via the Internet, a patient must have a card. The card contains information about the product, not information about the patient. [0235] lines 15-18. Thus, the GPI database contains information about products, not data regarding the patient, the diagnosis regarding the patient, and the treatment plan for the patient.

Accordingly, amended claim 33 is patentable over Leets and Abreu. Withdrawal of this rejection is respectfully requested.

(U) Referring to claim 34, Leet discloses wherein implementing the treatment plan comprises one or more of the following printing a prescription; informing a pharmacy of the prescription; storing the patient data, the diagnosis, and the treatment plan on a hospital computer; entering an order into a physician order entry system; and saving an ICD in a business office (col. 34, lines 16-18 and col. 18, lines 54-66 of Leet).

(V) Referring to claim 35, Leet discloses wherein consulting resources to produce an alarm and a recommendation comprises offering the physician consultation choices;

communicating a subset of the patient data, the diagnosis, the treatment plan and the consultation choice to the computer processor; processing the patient data, the diagnosis and the treatment plan in accordance with the consultation choice to produce alarms and advice; communicating the alarms and advice to the personal communicator (col. 17, lines 15-29 of Leet).

(W) Referring to claim 36, Leet discloses wherein processing the patient data, the diagnosis and the treatment plan in accordance with the consultation choice to produce alarms and advice comprises the following actions: checking the accuracy of the diagnosis; reviewing standard diagnostic criteria; checking the appropriateness of prescribed medication; reviewing recommended treatment protocols; reviewing individualization recommendations; recommending dose adjustments; checking for adverse medication interactions; and checking the cost of prescribed medications (col. 3, lines 26-40 and col. 18, line 57 - col. 19, line 13 of Leet).

(X) Referring to claim 37, Leet discloses accepting clinical notes regarding the patient (col. 3, lines 36-40 of Leet).

Claims 34-37 depend from claim 33 and are patentable for at least the same reasons. Applicant respectfully requests that these rejections be withdrawn.

9.   Claims 9-10 are rejected under 35 U.S.C. 103(a) as being unpatentable over Leet (6,000,828) as applied to claim 1, and further in view of Portwood et al. (5,950,630).

(A) Referring to claim 9, Leet discloses wherein the patient data comprises foods the patient eats, the treatment plan comprises a prescription and the first means for processing data comprises (Table IV of Leet; the Examiner interprets "diet" to be a form of "foods the patient eats"):

a get drug data means for processing data using a subset of the patient data to retrieve from a pharmacy the drugs prescribed for the patient and from the data storage means an identification of other drugs that the patient is taking; and

an interaction checking means for processing data to access a database with (a) the drugs prescribed for the patient, (b) the other drugs that the patient is taking, and (c) the prescription, to produce an alarm if there is an indication of an interaction (col. 18, line 49 - col. 19, line 12 of Leet; the Examiner interprets "drug order" to be a form of "prescription" and "message" to be a form of "alarm").

Leet does not disclose that there is a drug/food interaction database.

Portwood discloses drug-food interaction tests (col. 6, lines 63-67 of Portwood).

At the time of the invention, it would have been obvious to a person of ordinary skill in the art to combine the feature of Portwood within Leet. The motivation for doing so would have been to ascertain if the drug regimen is within recommended ranges and to determine if any drug/food interaction problems exist (col. 6, lines 59-61 of Portwood).

(B) Referring to claim 10, Leet discloses wherein the interaction checking means includes a recommendation means for recommending a drug that will not have an interaction (col. 25, lines 18-61 of Leet).

Claims 9 and 10 depend from claim 1. As demonstrated above, claim 1 is patentable over the combination of Leet and Abreu. Portwood is missing the same element that is missing in the combination of Leet and Abreu. Thus, claims 9 and 10 are patentable over the combination of Leet and Portwood for at least the same reasons. Withdrawal of these rejections is respectfully requested.

10. Claims 11-13, 22, and 38 are rejected under 35 U.S.C. 103(a) as being unpatentable over Leet (6,000,828) as applied to claims 1, 18, 21, 33-34, and 37 and further in view of Evans (5,924,074).

(A) Referring to claim 11, Leet discloses wherein the treatment plan comprises a prescription and the first means for processing data comprises:

a get drug data means for processing data using a subset of the patient data to retrieve from a pharmacy the drugs prescribed for the patient and from the data storage means an identification of other drugs that the patient is taking; and

a checking means for processing data to access a database with (a) the drugs prescribed for the patient, (b) the other drugs that the patient is taking, and (c) the prescription, to produce an alarm if there is an indication of an interaction (col. 18, line 49 - col. 19, line 12 of Leet; the Examiner interprets "drug order" to be a form of "prescription" and "message" to be a form of "alarm").

Leet does not disclose a radiology/drug interaction database and radiology tests.

> Evans discloses the usage of x-rays when prescribing medications
> (col. 5, lines 13-22 if Evans).

> At the time of the invention, it would have been obvious to a person
> of ordinary skill in the art to combine the feature of Evans within Leet. The
> motivation for doing so would have been for the physician to obtain
> additional clinical data, such as x-rays before recommending a treatment
> plan (col. 5, lines 40-46 of Evans).

Claim 11 depends from claim 1. As demonstrated above, claim 1 is patentable over the combination of Leet and Abreu. Evans is missing the same element that is missing in the combination of Leet and Abreu. Thus, claim 11 is patentable over the combination of Leet and Evans for at least the same reasons. Withdrawal of this rejections is respectfully requested.

> (B) Referring to claim 12, Leet does not disclose wherein the treatment plan
> comprises an order for X-rays and the first means for processing data
> comprises a check X-rays means for processing data using a subset of the
> patient data to acquire laboratory results from a laboratory and for
> accessing an X-ray contraindication database with the laboratory results
> and the order for X-rays to produce a contraindication and to process the
> contraindication to produce an alarm.

> Evans discloses wherein the treatment plan comprises an order for
> X-rays and the first means for processing data comprises a check X-rays
> means for processing data using a subset of the patient data to acquire
> laboratory results from a laboratory and for accessing an X-ray
> contraindication database with the laboratory results and the order for X-
> rays to produce a contraindication and to process the contraindication to
> produce an alarm (col. 5, lines 42-55, col. 12, lines 10-17 of Evans; the
> Examiner interprets "warning" to be a form of "alarm").

> At the time of the invention, it would have been obvious to a person
> of ordinary skill in the art to combine the feature of Evans within Leet. The
> motivation for doing so would have been to alert the physician to investigate
> the effects of the treatment (col. 12, lines 17-19 of Evans).

Claim 12 depends from claim 1. As demonstrated above, claim 1 is patentable over the combination of Leet and Abreu. Evans is missing the same element that is missing in the combination of Leet and Abreu. Thus, claim 11 is patentable over the combination of Leet and Evans for at least the same reasons. Withdrawal of this rejections is respectfully requested.

> (C) Referring to claim 13, Leet does not disclose wherein the check X-rays
> means for processing data also processes the contraindication to produce a
> recommendation.

> Evans discloses wherein the check X-rays means for processing data also processes the contraindication to produce a recommendation (col. 12, lines 10-34 of Evans).

> At the time of the invention, it would have been obvious to a person of ordinary skill in the art to combine the feature of Evans within Leet. The motivation for doing so would have been to allow the physician to investigate the effects of the medication and select another medication from the list (col. 12, lines 10-34 of Evans).

Claim 13 depends from claim 1. As demonstrated above, claim 1 is patentable over the combination of Leet and Abreu. Evans is missing the same element that is missing in the combination of Leet and Abreu. Thus, claim 13 is patentable over the combination of Leet and Evans for at least the same reasons. Withdrawal of this rejections is respectfully requested.

> (D) Referring to claim 22, Leet does not disclose wherein the PC database is protected by a first security system; and the data storage means is protected by a second security system.

> Evans discloses wherein the PC database and the data storage means are protected by several levels of security (col. 15, lines 22-32 of Evans).

> At the time of the invention, it would have been obvious to a person of ordinary skill in the art to combine the feature of Evans within Leet. The motivation for doing so would have been to provide superior protection of patient data (col. 15, lines 29-32 of Evans).

Claim 22 depends from claim 1. As demonstrated above, claim 1 is patentable over the combination of Leet and Abreu. Evans is missing the same element that is missing in the combination of Leet and Abreu. Thus, claim 22 is patentable over the combination of Leet and Evans for at least the same reasons. Withdrawal of this rejections is respectfully requested.

> (E) Referring to claim 38, Leet does not disclose wherein accepting the clinical notes comprises recording a spoken rendering of the clinical notes.

> Evans discloses wherein accepting the clinical notes comprises recording a spoken rendering of the clinical notes (col. 9, lines 1-4 of Evans: the Examiner Interprets "physician's dictation" to be a form of "spoken rendering of the clinical notes").

> At the time of the invention, it would have been obvious to a person of ordinary skill in the art to combine the feature of Evans within Leet. The motivation for doing so would have been to include patient data in a variety of data types generated by healthcare providers (col. 8, lines 65-66 of Evans).

Claim 38 depends from claim 33. As demonstrated above, claim 33 is patentable over the combination of Leet and Abreu. Evans is missing the same element that is missing in the combination of Leet and Abreu. Thus, claim 38 is patentable over the combination of Leet and Evans for at least the same reasons. Withdrawal of this rejections is respectfully requested.

11.   Claim 23 is rejected under 35 U.S.C. 103(a) as being unpatentable over Leet (6,000,828) as applied to claims 1 and 18, and further in view of Barry et al. (6,081,786).

(A) Referring to claim 23, Leet does not disclose wherein the personal communicator comprises a display, the display comprising a red alert area, where alarms regarding the potential for a major adverse effect are displayed; and a yellow alert area, where alarms regarding the potential for a minor effect or need for closer monitoring are displayed.

Barry discloses wherein the personal communicator comprises a display, the display comprising a red alert area, where alarms regarding the potential for a major adverse effect are displayed; and a yellow alert area, where alarms regarding the potential for a minor effect or need for closer monitoring are displayed (col. 14, lines 16-22 & 43-47 of Barry).

At the time of the invention, it would have been obvious to a person of ordinary skill in the art to combine the feature of Barry within Leet. The motivation for doing so would have been to provide an instant graphical warning level (col. 14, lines 42-43 of Barry).

Claim 23 depends from claim 1. As demonstrated above, claim 1 is patentable over the combination of Leet and Abreu. Barry is missing the same element that is missing in the combination of Leet and Abreu. Thus, claim 23 is patentable over the combination of Leet and Barry for at least the same reasons. Withdrawal of this rejections is respectfully requested.

12.   Claims 19 and 28 are rejected under 35 U.S.C. 103(a) as being unpatentable over Leet (6,000,828) as applied to claims 1, 18, 24, and 27, and further in view of Hohnloser (US 2003/0065241 A1).

(A) Referring to claim 19, Leet does not disclose wherein the personal communicator comprises a personal digital assistant.

Hohnloser disclose wherein the personal communicator comprises a personal digital assistant (para. 13, lines 1-5 of Hohnloser).

At the time of the Invention, it would have been obvious to a person of ordinary skill in the art to combine the feature of Hohnloser within Leet. The motivation for doing so would have been to provide the system in a portable manner (para. 13, lines 1-10 of Leet).

Claim 19 depends from claim 1. As demonstrated above, claim 1 is patentable over the combination of Leet and Abreu. Hohnloser is missing the same element that is missing in the combination of Leet and Abreu. Thus, claim 19 is patentable over the combination of Leet and Hohnloser for at least the same reasons. Withdrawal of this rejections is respectfully requested.

(B) Referring to claim 28, Leet does not disclose wherein the wired communications media comprises one or more of the following types of media: twisted pair cable, coax cable, or optical cable.

Hohnloser discloses wherein the wired communications media comprises one or more of the following types of media: twisted pair cable, coax cable, or optical cable (para. 13, lines 10-19 of Hohnloser).

At the time of the invention, it would have been obvious to a person of ordinary skill in the art to combine the feature of Hohnloser within Leet. The motivation for doing so would have been to provide a cable that best fits the system requirements.

Claim 28 depends from claim 1. As demonstrated above, claim 1 is patentable over the combination of Leet and Abreu. Hohnloser is missing the same element that is missing in the combination of Leet and Abreu. Thus, claim 28 is patentable over the combination of Leet and Hohnloser for at least the same reasons. Withdrawal of this rejections is respectfully requested.

13.   Claims 25-26 are rejected under 35 U.S.C. 103(a) as being unpatentable over Leet (6,000,828) as applied to claims 1, 18, and 24, and further in view of Brown (US 6,440,068 B1).

(A) Referring to claims 25 and 26, Leet does not disclose wherein the communications media is a wireless communications media and wherein the wireless communications media comprises one or more of the following types of media: RF, optical or infrared.

Brown discloses wherein the communications media is a wireless communications media and wherein the wireless communications media comprises one or more of the following types of media: RF, optical or infrared (col. 4, lines 24-26 and 34-38 of Brown).

At the time of the invention, it would have been obvious to a person of ordinary skill in the art to combine the feature of Brown within Leet. The motivation for doing so would have been to enable wireless transmission of data (col. 4, lines 24-26 of Brown).

Claims 25 and 26 depend from claim 1. As demonstrated above, claim 1 is patentable over the combination of Leet and Abreu. Brown is missing the same element that is missing in the combination of Leet and Abreu. Thus, claims 25 and 26 are patentable over the combination of Leet and Brown for at least the same reasons. Withdrawal of this rejections is respectfully requested.

> **14.** Claims 16-17 are rejected under 35 U.S.C. 103(a) as being unpatentable over Leet (6,000,828) as applied to claim 1, and further in view of Abreu (US 2001/0056359 A1).
>
> **(A)** Referring to claim 16, Leet does not disclose a means for processing data through which a patient has access to data regarding the patient stored on the storage means.
>
> Abreu discloses a means for processing data through which a patient has access to data regarding the patient stored on the storage means (para. 235 of Abreu).
>
> At the time of the invention, it would have been obvious to a person of ordinary skill in the art to combine the feature of Abreu within Leet. The motivation for doing so would have been to alert the patient about potential problems with the products they are using (para. 235, lines 1-3 of Abreu).

Claim 16 has been cancelled.

> **(B)** Referring to claim 17, Leet does not disclose wherein the patient has access to the first means.
>
> Abreu discloses wherein the patient has access to the first means (para. 235, para. 301 and para. 313, lines 39-43).
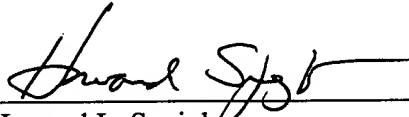>
> At the time of the invention, it would have been obvious to a person of ordinary skill in the art to combine the feature of Abreu within Leet. The motivation for doing so would have been to alert the patient about potential problems with the products they are using (para. 235, lines 1-3 of Abreu).

Claim 17 has been cancelled.

SUMMARY

Applicant contends that the claims are in condition for allowance, which action is requested. A check for $60.00 to cover the fee for the one-month extension of time to respond is enclosed. Should any additional fees be required, Applicant requests that the fees be debited from deposit account number 02-0383, Order Number 069089.0102.

Respectfully submitted,

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